

FEC FORM 3L**REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACs**RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

14 APR 15 PM 4:21

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
Friends for Harry Reid

ADDRESS (number and street) PO Box 19163
Las Vegas NV 89132
CITY STATE ZIP CODE

Check if different
than previously
reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00204370
3. IS THIS REPORT ☒ NEW (N) OR AMENDED (A)
4. STATE DISTRICT NV 00
For Candidates Only

5. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
☒ April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2) and/or Semi-annual Report
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE) and/or Semi-annual Report
July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report
(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4) Jul 20 (M7) and/or Semi-annual Report Oct 20 (M10) Jan 31 (YE) and/or Semi-annual Report
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) This report also covers the semi-annual period
Special (12S) Convention (12C)
M M / D D / Y Y Y Y in the State of Election on See Line 6(b)
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) This report also covers the semi-annual period
M M / D D / Y Y Y Y in the State of Election on See Line 6(b)

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period
This report covers M M / D D / Y Y Y Y through M M / D D / Y Y Y Y and/or January 1 - June 30
01 01 2014 through 03 31 2014 July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period
24250.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Claude Zobell

Signature of Treasurer Claude Zobell Date 04 15 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

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02/2009

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